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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **Graves for Congress** PO Box 335 ADDRESS (number and street) (Check if address is changed) Calhoun 30703 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@gravesforcongress.org (Check if address is changed) Optional Second E-Mail Address tomgraves@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.gravesforcongress.org (Check if address is changed) DATE 2019 C00462556 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 12 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Form	1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COM	MMITTEE	
Candidate C	ommittee:	
(a) <b>x</b> T	This committee is a principal campaign committee. (Complete the candidate information below.	)
ir	This committee is an authorized committee, and is NOT a principal campaign committee. (Comnformation below.)	plete the candidate
Name of Candidate	Graves, John, Thomas, Mr., Jr.	
Candidate	REP Office Sought:   House Senate President	State
Party Affiliation	Sought: House Senate President	District 14
(c) T	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm	ittee:	
(d) T	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Acti	on Committee (PAC):	
(e) T	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
[	Corporation W/o Capital Stock	Labor Organization
[	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (i.e., nonconnected committee)	egregated fund or party
[	In addition, this committee is a Lobbyist/Registrant PAC.	
[	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundra	ising Representative:	
(0)	his committee collects contributions, pays fundraising expenses and disburses net proceeds for to ommittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
	nis committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Commit	ttees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3		
4.		

FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Name		. age c
Graves for Con		
	Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
-	3	,
TEAM GRAVES		
Mailing Address	824 S MILLEDGE AVE STE 101	
	ATHENS GA	30605
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representa	ative Leadership PAC Sponso
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the p	person in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee assistant treasurer).	; and the name and address of
Full Name Kilgore, Pa	aul, , ,	
Mailing Address	824 S Milledge Ave, Ste 101	
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position	Telephone number =	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds less or maintains funds.  epository, etc.	accounts, rents
L	BB&T	
Mailing Address	215 N. Wall St.	
	Calhoun GA 30701	
	CITY STATE Z	IP CODE
Name of Bank, De	epository, etc.	
L	Suntrust Bank PO Box 4418	
Mailing Address		
	Atlanta GA 30302	
	CITY STATE Z	IP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fur S VICTORY FUND	ndraising Representative	e, or Leadership PAC Sponso
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee	oint Fundraising Represent	Leaueisiiip FAC Spc
Designated Agent: Ident		oint Fundraising Hepresent	Leaueisiip FAC Spc
Designated Agent: Ident		oint Fundraising Hepresenta	Leadership FAC Spc
Designated Agent: Ident		ont Fundraising Hepresenta	LeaderStrip FAC Spc
Designated Agent: Ident Full Name   Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Ident  Full Name   Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)	STATE A	Leadership PAC Spo
Pesignated Agent: Ident  Full Name   Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)		
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Banks or Other Deposit afety deposit boxes or necessity.	fy by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains funds.  Bank of Dalton	STATE A Telephone Number	ZIP CODE   ZIP CODE   s funds, holds accounts, rents
Pesignated Agent: Ident Full Name	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which an aintains funds.  Bank of Dalton	STATE A Telephone Number	ZIP CODE   ZIP CODE   s funds, holds accounts, rents

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

safety deposit boxes or ma	ories: List all banks o	or other depositories in wl	Telephone Number	sits funds, holds accounts, rent
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks of aintains funds.	or other depositories in wl		sits funds, holds accounts, rent
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks of aintains funds.	or other depositories in wl		sits funds, holds accounts, rent
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks of aintains funds.	or other depositories in wl		sits funds, holds accounts, rent
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks of aintains funds.	or other depositories in wh		sits funds, holds accounts, rent
Banks or Other Deposito	ories: List all banks o	or other depositories in wl		sits funds, holds accounts, rent
TITLE OR POSITION			Telephone Number	
TITLE OR POSITION	▼	1		1 1 1 1 1
	_	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	y by name, address	(phone number – optiona	)	
Connected	d Organization	Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Sp
Relationship:		CITY A	STATE A	■ ZIP CODE ▲
Maining Addition				
Mailing Address	1, , , , , ,			
Name of Any Connected	Organization, Affilia	ated Committee, Joint Fe	ındraising Representat	ve, or Leadership PAC Spons
4.			FEC ID number	[C]
			FEC ID number	
3.			FEC ID number	
2			FEC ID number	